

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM 170)								CIVIL NO. 10991187		FILING DATE	
CLAIMS											
AS FILED		AFTER TRANSMISSION		AFTER AMENDMENT				REG.	OCP.	REG.	OCP.
REG.	OCP.	REG.	OCP.	REG.	OCP.	REG.	OCP.	REG.	OCP.	REG.	OCP.
1		1				61		1		1	
2			1			62			1		
3			1			63				1	
4				1		64				1	
5					1	65				1	
6						66				1	
7				1		67		1			
8					1	68			1		
9						69			1		
10				1		70				1	
11		1				71				1	
12			1			72			1		
13			1			73				1	
14				1		74				1	
15					1	75				1	
16						76				1	
17				1		77				1	
18					1	78				1	
19						79			1		
20				1		80				1	
21					1	81				1	
22		1				82				1	
23			1			83				1	
24				1		84				1	
25					1	85				1	
26		1				86				1	
27				1		87				1	
28					1	88				1	
29						89				1	
30				1		90				1	
31			1			91				1	
32				1		92				1	
33					1	93				1	
34						94				1	
35						95				1	
36				1		96				1	
37					1	97				1	
38						98				1	
39						99				1	
40						100				1	
41						TOTAL REG.					
42						TOTAL OCP.					
43						TOTAL REG.					
44						TOTAL OCP.					
45						TOTAL					
46											
47											
48											
49											
50											
51											
52											
53											
54											
55											
56											
57											
58											
59											
60											
TOTAL REG.		1		12							
TOTAL OCP.				208							
TOTAL				80							